

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | <i>HS</i> | | <i>09/21/00</i> |
| O.I.P.E. CLASSIFIER | <i>MT</i> | <i>50</i> | <i>9/26/00</i> |
| FORMALITY REVIEW | | <i>64665</i> | <i>11-3-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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